

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS3252AGC</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/24/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>NOVA ALL STAR CARE HOMES</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>5525 ROSE THICKET STREET LAS VEGAS, NV 89130</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on June 23, 2009. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.</p> <p>The facility is licensed for six Residential Facility for Group beds for elderly and disabled persons, Category II residents. The census at the time of the survey was five. Five resident files were reviewed and four employee files were reviewed. The facility received a grade of D.</p> <p>The following deficiencies were identified:</p>	Y 000		
Y 103 SS=F	<p>449.200(1)(d) Personnel File - NAC 441A</p> <p>NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee.</p> <p>This Regulation is not met as evidenced by: Based on record review on 6/23/09, the facility failed to ensure 3 of 4 caregivers complied with</p>	Y 103		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 103	Continued From page 1  NAC 441A.375 regarding tuberculosis testing for the protection of all residents (Employee #2, #3 and #4).  This was a repeat deficiency from the 9/26/08 State Licensure survey.  Severity: 2 Scope: 3	Y 103			
Y 105 SS=D	449.200(1)(f) Personnel File - Background Check  NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive.  This Regulation is not met as evidenced by: Based on record review on 6/23/09, the facility failed to ensure 1 of 4 caregivers met background check requirements (Employee #3).  This was a repeat deficiency from the 9/26/08 State Licensure survey.  Severity: 2 Scope: 1	Y 105			
Y 106	449.200(2)(a) Personnel File - 1st aid & CPR  NAC 449.200 2. The personnel file for a caregiver of a residential facility must include, in addition to the information required pursuant to subsection 1, (a) A certificate stating that the caregiver is currently certified to perform first aid and	Y 106			

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Y 527	Continued From page 3	Y 527			
Y 527 SS=F	<p>449.260(1)(b) Activities for Residents</p> <p>NAC 449.260</p> <p>1. The caregivers employed by a residential facility shall:</p> <p>(b) Provide group activities that provide mental and physical stimulation and develop creative skills and interests.</p> <p>This Regulation is not met as evidenced by: Based on record review and interview on 6/23/09, the facility failed to provide group activities for 5 of 5 residents (Resident #1, #2, #3, #4, and #5).</p> <p>Severity: 2 Scope: 3</p>	Y 527			
Y 883 SS=D	<p>449.2742(7) Medication / Resident Refusal</p> <p>NAC 449.2742</p> <p>7. If a resident refuses, or otherwise misses, and administration of medication, a physician must be notified within 12 hours after the dose is refused or missed.</p> <p>This Regulation is not met as evidenced by: Based on record review and interview on 6/23/09, the facility failed to notify the physician of missed medications for 1 of 5 residents (Resident #1).</p> <p>Severity: 2 Scope: 1</p>	Y 883			

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Y 905	Continued From page 4	Y 905			
Y 905 SS=D	<p>449.2746(1)(a)-(c) PRN Medication</p> <p>NAC 449.2746</p> <p>1. A caregiver employed by a residential facility shall not assist a resident in the administration of medication that is taken as needed unless:</p> <p>(a) The resident is able to determine his need for the medication.</p> <p>(b) The determination of the resident ' s need for the medication is made by a medical professional qualified to make that determination; or</p> <p>(c) The caregiver has received written instructions indicating the specific symptoms for which the medication is to be given, the exact amount of medication that may be given and the frequency with which the medication may be given.</p> <p>This Regulation is not met as evidenced by: Based on record review and interview on 6/23/09, the facility assisted 2 of 5 residents with their medications although the caregiver did not obtain written instructions indicating the specific symptoms for which the medication is to be administered, the exact amount of medication and the frequency of administration (Resident #1 and #3).</p> <p>Severity: 2 Scope: 1</p>	Y 905			
Y 908 SS=B	449.2746(2)(a)-(f) PRN Medication Record	Y 908			

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Y 908	Continued From page 5  NAC 449.2746 2. A caregiver who administers medication to a resident as needed shall record the following information concerning the administration of the medication: (a) The reason for the administration. (b) The date and time of the administration; (c) The dose administered; (d) The results of the administration of the medication; (e) The initials of the caregiver; and (f) Instructions for administering the medication to the resident that reflect each current order or prescription of the resident ' s physician.  This Regulation is not met as evidenced by: Based on record review on 6/24/09, the facility did not ensure the medication record was complete for 2 of 5 residents receiving as needed (PRN) medications (Resident #1 and #3).  Severity: 1 Scope: 2	Y 908			
Y 922 SS=F	449.2748(3)(a) Medication Labeling  NAC 449.2748 3. Medication, including, without limitation, any over-the-counter medication or dietary supplement, must be: (a) Plainly labeled as to its contents, the name of the resident for whom it is prescribed and the	Y 922			

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Y 922	<p>Continued From page 6</p> <p>name of the prescribing physician.</p> <p>This Regulation is not met as evidenced by: Based on observation on 6/24/09, the facility failed to ensure medications were plainly labeled for 3 of 5 residents (Resident #1, #2 and #3).</p> <p>Severity: 2      Scope: 3</p>	Y 922			

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